



PARKING METER RENTAL REQUEST FORM

Organization: _____ Phone: _____

Requested by: _____ Date: _____

Billing Address: _____

City

State

Zip

****PLEASE NOTE: YOU WILL BE BILLED FOR PARKING METER RENTAL***

***Purpose for utilizing parking meters:** _____

Block	Street	Side of Street	Parking meter #'s							
1.										
2.										
3.										
4.										
5.										

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

For Official Use Only

Meter Days: _____ X # Meters: _____ X Daily Fee \$6.00 \$ _____
N/C _____ 8.25% Taxes \$ _____
Bill _____ Sub Total \$ _____
Other explain _____ Permit Fee \$ 20.00

Approved By: _____ Total = \$ _____

Invoice # _____ Account # _____ Date Billed _____

Bagged

Unbagged

Date:

Date:

Time:

Time:

**If a vehicle is parked prior to the parking meter being bagged (add vehicle information below)*

**Vehicle license plate number:*

Initials:

Initials:

CITY OF FORT WORTH
TRANSPORTATION & PUBLIC WORKS DEPARTMENT
STREET PERMIT CENTER
311 W. 10TH STREET
FORT WORTH, TX 76102
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